DEPARTMENT OF THE NAVY
NAVY RECRUITING COMMAND
5722 INTEGRITY DR.
MILLINGTON, TN 38054-5057

COMNAVCRUITCOM INSTRUCTION 1160.2E (HEADQUARTERS)

From: Commander, Navy Recruiting Command

Subj: REENLISTMENT INCENTIVES PROGRAM

Ref: (a) MILPERSMAN 1050-280
       (b) MILPERSMAN 1160-020

Encl: (1) PERSUPP DET Memphis Reenlistment/Extension Request
           Form

1. <u>Purpose</u>. To provide policy on reenlistment incentives for
Navy Recruiting Command (NAVCRUITCOM) headquarters military
personnel.

2. <u>Cancellation</u>. COMNAVCRUITCOMINST 1160.2D (HDQ). Changes
have been identified by an "(R" in the right hand column.

3. <u>Background</u>. Per reference (a), this instruction describes
the incentives offered to command members who reenlist for two
to six years. Reference (b) outlines governing procedures for
special liberty.

4. <u>Policy</u>. The following incentives are authorized, based on
the number of years the member is reenlisted:

   a. <u>Reenlistment of Two to Three Years</u>. The member shall be
awarded one day special liberty immediately following completion
of reenlistment ceremony. Member shall be awarded an additional
two-day special liberty to be used within a reasonable period   (R
upon reenlistment and to be pre-arranged with the member's
department. The member shall receive a reenlistment coin with
their name engraved on it, and a Morale Welfare and Recreation
(MWR) coupon booklet. A Letter of Appreciation will be
presented to the member's spouse (if applicable).

   b. <u>Reenlistment of Four to Six Years</u>. The member shall be
awarded one day special liberty immediately following completion
of reenlistment ceremony. Member shall be awarded an additional
four-day special liberty to be taken in conjunction with a   (R
normal two-day weekend, with in a reasonable period upon
reenlistment and to be pre-arranged with the member's

department. The member shall receive a reenlistment coin with their name engraved on it, and a MWR coupon booklet. A Letter of Appreciation will be presented to the member's spouse (if applicable).

5. <u>Action</u>. These incentives will be implemented upon reenlistment. Departmental Career Counselors shall use enclosure (1) to ensure a properly coordinated and meaningful reenlistment ceremony is conducted and forward a copy of the completed checklist to the Command Career Counselor (SSO).

                              /s/
                              ERIC W. JOHNSON
                              Chief of Staff

Distribution:
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S A M P L E

PERSUPP DET MEMPHIS
REENLISTMENT / EXTENSION REQUEST FORM

NAVPERS 1336/3 (Special Request Chit) NOT REQUIRED WITH THIS FORM

* ASTERISKS INDICATE REQUIRED ITEMS FOR PSD TO PROCESS THE REQUEST

*Date of Request: _____ *UIC: _____ *Dept: _____ *Div: _____
Request must be submitted to PSD no later than 30 days prior to effective date.

*Member's Name: _____ *Rate: _____ *SSN: _____-_____-_____

*Branch/   Home of
  Class: _____ *EAOS: _____ DOB: _____ Record: _____

                              * # Months   * Reason for
ADSD: _____ PRD: _____ Extending: _____ Extension: _____

* Date   * # Days leave   * Years
  Reenlisting: _____ Sell Back: _____ Reenlisting: _____ Location: _____

Uniform: _____ * SRB Zone: _____ * Award Level: _____ * Award Rate/NEC: _____

Time: _____ * Reenlisting Officer: _____ * Title: _____

Pictures   ⊙ ○ Spouse   Spouse   ⊙ ○   Guest   ⊙ ○
Requested: Y / N Full Name: _____ Attending: Y / N Attending: Y / N

I certify the above information is correct to the best of my knowledge.
I will inform my chain of command if any of the above information changes prior to my reenlistment / extension date.

Command POC Name/Phone: NC1(SW) Cristy Silver / 874-7615 * Member's Signature: _____

Medical Information:

The above member is (qualified / not qualified) for Reenlistment or Extension.

* Medical Officer Signature / Stamp: _____

Recommendation:

					NOTES / REMARKS
Yes No	PFA Coord.	_____	Date: _____		_____
Yes No	_____	_____	Date: _____		_____
Yes No	_____	_____	Date: _____		_____
Yes No	_____	_____	Date: _____		_____
Yes No	_____	_____	Date: _____		_____
Yes No	_____	_____	Date: _____		_____
Yes No	CCC	_____	Date: _____		_____
Yes No	CMC	_____	Date: _____		_____
Approved / Disapproved: COS		_____	Date: _____		

Notes:
1. Reenlistment request must be within 1 year of EAOS or a waiver is required.
2. Request must be submitted to PSD no later than 30 days prior to effective date.
3. Physical examination not required on extensions 23 months or less.